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ON THE DISEASES INCIDENT TO PREGNANCY AND CHILD-BED.\*

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"Above all things I would propose,  
You learn the women how to trust;  
To cure their constant 'Ahs and Ohs'  
Here is a Recipe complete;  
A half-free, half-respectful air assume,  
You have them all beneath your thumb!"—TALBOT'S FAUST.

THE gratifying reception of the republication of the former volume of this author, relating to the diseases of females, is yet present in our minds; and hardly have many risen from its perusal, ere we receive from Europe the second volume of the series, the title of which heads our article. In style and arrangement of the material, the same general order has been followed, the work being divided into two distinct parts. We like this idea of placing the French and German technical names at the head of each chapter, for though the term may be explained in the transition from one tongue to another, yet its full force will not come home to the mind except by its corresponding technical. Strictly practical in all he has to say, the author aims not merely to establish his own views, by giving those who coincide in opinion, but is generally willing to allow his opponents a fair hearing, and then lays the two before the reader, that each may choose for himself.

There is a general tendency to shun everything that looks like speculation, and simply to record what may be seen; thus the whole theory of conception, with all the experiments and theories of so many minds, is passed by unnoticed, while the actual changes it effects are minutely recorded in the Introduction, as it might be styled. Among others it is stated that the nerves of the uterus are hypertrophied, and the opinion supported by recent authorities, in a degree perhaps accounting for the tendency of this organ then to become the centre of vitality as well as irritability. It has been my lot to have met with two cases, in one of which, at least, pressure from the gravid uterus could not be assigned as the cause of loss of power of the lower extremities; in one occurring at the fourth, the other the sixth month of pregnancy; in the former, who aborted midway between the sixth and seventh month, the paralysis was confined to the right leg, and the sounds of the foetal heart

\* Observations on the Diseases Incident to Pregnancy and Child-bed. By Fleetwood Churchill, M.D. Dublin: 1840.

were obtained in the groin of the same side; in the latter, both legs were involved, but I have no data of this case by me.

With regard to the buffy coat of the blood during pregnancy, it would seem useless to deny its presence, but Magendie expressly affirms that he "had four or five gravid women bled at different periods of pregnancy, three of whom were affected with pleurisy, and yet in not a single instance did this buff show itself. Was the inflammatory element afraid to face me? The fact is, that I found no such thing, no matter how anxiously I searched for it." And so, too, Rasori, in the note quoted by the author, is willing to allow, that it is not so common as is usually supposed, and is often connected "with some obscure inflammatory affection." Knowing the strong, almost insurmountable obstinacy of the Irish with us, that they will be bled occasionally during pregnancy, some one favorably situated would do well to fall in with this prejudice, and carefully record the result.

Perhaps the most valuable diagnostic of pregnancy may be found in the urine; it certainly is more to be trusted than the menses, or the discoloration of the nipple, upon which Hamilton relies, and of which we shall speak hereafter more fully. With the exception of the names given by our author, I am not aware of any who have attended to the presence of Kiesteine in the urine,\* or that the question has been settled of its universal or occasional presence. On account of its importance, as well as for the sake of affording a specimen of the author's style and his research, the paragraph will be extracted.

"A very remarkable change takes place in the secretion of the kidneys in pregnant women; the urine contains a principle which was first accurately described by M. Nauche, and which has lately received the name of "Kiesteine." It was supposed by Nauche to be the caseum of the milk secreted during gestation. At present this is merely an hypothesis. It resembles a milky cloudiness through the urine, or a thin whitish pellicle on the top—though this is obscured in proportion as the urine is deep-colored.—(*Eguisier, Montgomery.*)"

In the idea of a salutary change being effected in general diseases of the system by the occurrence of pregnancy, our author fully coincides; and probably the recollection of every one will furnish him with cases, where the progress of phthisis itself for a time seemed checked, to end in a speedy death after confinement.

The second chapter of the Introduction treats of the general management of pregnant females, and to which none can object, unless it be, that the author does not discountenance in language strong enough the use of emetics, which even Burns allows "are apt to cause abortion;" and the abuse of opium, not merely in its effect upon the fœtus, but also upon the mother when she has reached her "full time." Theory, at least, would lead us to presume it injurious in the former case, and recently there has been recorded in one of the medical magazines a case of death of the fœtus from opium taken by the mother. With regard to the liability of pregnant women to become infected, our author says:

\* There is an article, and a very able one, I have since found, in the American Journal of Medical Sciences for August, 1840, by Dr. Golding Bird.

"They should not expose themselves to infectious disorders, which, if they should happen to catch (though they seem less liable to do so than others), they will at least be very liable to miscarry; and even though they may not be themselves susceptible of the disease, the unborn infant may suffer from it, as has been proved with regard to smallpox."

Allow me to record an instance in this connection, and it will close this portion of our subject. C. D., a healthy, plethoric girl, aged 22, came under my charge about the end of her eighth month. Hardly two weeks had elapsed before I was called to her: found her face flushed, hot, skin dry, pulse 90, full and hard, os uteri dilated to about the size of a quarter of a dollar, complaining of intense, irregular pains in the abdomen. This state of things continued for a day or two, when the eruption of varioloid made its appearance, not very full, but an occasional spot, and she became easy. Ten days after this she was taken with labor pains, and eager was the search upon the poor babe for an eruption, but there was none, nor for the fortnight that she remained under my charge did any appear.

The following portion of this first part of the work is divided into three sections; the first embraces, diseases of the genital organs; the second treats of disorders from sympathetic irritation, viz., diseases of the chylopoietic viscera, of the circulating system, of the respiratory system, of the nervous system and senses, of the mammae; section third includes disorders from mechanical pressure: and thus ends the first part. Of some portions we will now speak more fully.

The second chapter of the first section upon "*pruritus of the vulva*," seems wholly uncalled for, after the satisfactory article in the previous volume, except by way of paying a very high compliment to our countryman, Dr. Dewees, and to satisfy the carpings of a discontented reviewer in the American Journal of the Medical Sciences for August, 1839, a disciple of Dewees. The fourth chapter treats of menstruation during pregnancy, and Dr. Churchill prefaces his authorities by the following remarks.—"However strange it may appear, the cases on record are too numerous, and too well authenticated, to leave us in doubt that a discharge resembling the catamenia in color, quality and periodicity, does not unfrequently occur during gestation." "The evidence of so many accurate observers undoubtedly establishes the point in question." But yet there are two names, at least, worthy of some notice; more, as we think, than has been allowed them in the work before us. In his edition of the "*Introduction to Midwifery*, London, 1805," p. 185, Denman says, "A suppression of the menses is one of the never-failing consequences of conception—at least, I have not met with a single instance of any woman continuing to menstruate when she was pregnant, though I know that popular opinion is against the assertion, and that exceptions to it are frequently mentioned by men of science." Dr. Hamilton, of Edinburgh, in his recent work says, "The author has no hesitation in asserting, that there are two circumstances which invariably attend pregnancy during the early months, viz.—suppression of the catamenia, and a perceptible change on the surface of the mammae sur-

rounding the nipple, and that all the other symptoms are liable to much variation." And in another place the same author writes, "But while suppression of the catamenia invariably attends pregnancy," &c. In direct opposition to the testimony of these two, stand the formidable phalanx of Mauriceau, Dewees, Benton, Heberden, Hosack, Francis, Gardien, Velpeau, Blundell, to all of whose works respective references are given, and lastly Dr. Churchill himself, who says, "I have myself seen three or four cases of this deviation from ordinary menstruation;" thereby implying, that it would cease in ordinary cases, that is, in the majority of instances; and looking upon the instances given in the same spirit, we can only say, "*exceptio probat regulam*," and while we acknowledge that the menses may continue after conception, insist that they are far more frequently suppressed. In the sixth chapter we want actual data that "lunacy or syphilis," or any disease of the mother, can give rise to the dropsy of the amnion, for it has long been a mooted question in our mind, whether the water of the amnion were not wholly independent of the mother. The subject demands more mature investigation, before an opinion is advanced. The seventh chapter is upon rheumatism of the uterus; and we are inclined to the opinion, that the irregular pains occurring in pregnancy are more frequently assignable to this cause than is generally known, for the presence of spasmodic pain is so frequent in all diseases during this period where the uterus is involved, that it has come almost to be considered and treated as a disease rather than a symptom. Fortunately the accuracy of diagnosis is not so important here, as in many other diseases. The last chapter of this section is upon hysteritis, in the treatment of which he advises the use of calomel till the gums are touched. The possibility of this occurrence under the existing circumstances of pregnancy, appears to be a question in the minds of some, for in the Manual of Surgery by Castle, emanating from the highest source, it is asserted, that if syphilis be present along with pregnancy, it is impossible to affect the system by mercury; but I know of no accurate tables to this end.

The second treats, as we have before said, of the disorders from sympathetic irritation, and which time will not permit us to discuss so much at length as we could wish. We cannot, however, without notice, pass over the chapter upon those most frequent accompaniments of pregnancy, nausea and vomiting, and therefore will extract from the text the sum of what is said with regard to the treatment.

"*Treatment.*—The choice of remedies will depend very much upon the constitution of the woman, upon the amount of the disorder, and upon the period of pregnancy. In slight cases, at an early period, no treatment will be necessary; and even when more severe, it may be wise often to try the effect of time, inasmuch as in a majority of cases it ceases after the third or fourth month. It is probable that when the stomach is disturbed by its contents, or the ingesta are of an indigestible character, a moderate degree of vomiting may be beneficial.—(*Dewees*.) Nausea is so much more distressing than vomiting, that in such cases we are advised to give a gentle emetic.—(*Ibid.*, *Blundell*.)

"If at any period of pregnancy the vomiting be so excessive as to

call for our interference, and the patient be of a plethoric habit, there can be no question of the propriety of venesection; but in most cases this can only be done at an early period of the vomiting, as by its continuance the patient is so much reduced as to prohibit this remedy. Manning recommends this particularly at the menstrual periods. Small and repeated bleedings are preferable to the abstraction of a large quantity at once. If venesection be objectionable, leeches may be applied to the epigastrium.

"Gentle purgatives should be given, so as to keep up a constant action of the bowels, especially if there be evidence of irritating matters being retained in the intestines.—(*Mauriceau, Davis, Blundell, Imbert.*)

"Benefit is frequently derived from counter-irritation to the epigastrium by means of a blister, turpentine, or mustard poultice.

"If the sickness be not very severe, effervescing draughts will occasionally afford relief. If necessary, a few drops of laudanum may be given with each.

"Narcotics and opiates are frequently successful, and especially after bloodletting (*Denman, Davis*); but their constipating effect must be corrected by enemata or cathartics. A very useful method of exhibiting laudanum is by wetting a cloth with it, and applying that to the stomach. Dr. Heberden states that 'the application of a piece of folded cloth, moistened with laudanum, to the region of the stomach, has been of considerable service when internal medicines of the highest estimation have proved ineffectual.'—(*Burns, Blundell.*) Or the opium may be given in an enema of starch or warm water.—(*Campbell.*) Denman has thrown out a doubt as to the effect upon the fetus; but I have not met with any cases which confirm his view.

"Various kinds of antispasmodic remedies have been tried, but without much benefit; in fact, it would be as useless as difficult to enumerate all the remedies that have been employed, and often in vain, against this distressing complaint.

"When the ejected matter is acid, charcoal and other alkaline substances are found useful; and if these fail, acids may be tried.—(*Dewees, Ashwell, Blundell.*) Hydrocyanic acid has been tried, and successfully, in doses of from two to five drops, in mucilage, several times in the course of the day.—(*Waller, Blundell.*) Slight bitters, especially infusion of Columba, are occasionally beneficial.—(*Dewees.*) Spearmint tea is also recommended.—(*Manning.*) Iced water will sometimes check the vomiting, and in most cases it is extremely grateful.—(*Dewees, Ashwell.*)

"In all cases the diet should be of the lightest kind, without stimulants, and taken in very small quantities at a time, and at that time of day when the stomach is least irritable. It may be necessary to diminish the quantity to the very least sufficient for nourishment; or even to nourish patients by enemata.—(*Burns, Davis, Blundell, Ashwell.*) Some patients obtain a great diminution of their distress by preserving the horizontal position.—(*Denman.*)

"If the stomach should exhibit symptoms of inflammation, it must be treated in the ordinary antiphlogistic manner, by venesection, or

leeches and blisters—due regard being had to the state of the patient ; and the same may be employed when the liver takes on inflammatory action, as is not very uncommon.

"Should the vomiting, occurring in the latter months, be principally or wholly the result of pressure, we are advised to use bandages, so as to depress the uterus (*Smellie*) ; but this would be very hazardous (*Gardien, Capuron*) ; the same effects may generally be obtained by change of position.

"The mere enumeration of the various modes of treatment is a proof of the difficulty of combating the disease. In some cases we shall fully succeed ; in others afford some temporary relief ; but in many utterly fail. These latter cases are generally those in which the vomiting is most violent and incessant ; and by these, consequently, the patient is most injured. Exhausted by the constant effort, and wasted by the incapability of retaining nourishment, the patient has no prospect but death to herself and child. In such a case almost any remedy would be justifiable ; and one that may afford an additional chance of safety to one of the parties implicated must be hailed as a boon of great magnitude. Dr. Denman, I believe, was the first to propose the induction of premature labor in such cases ; and he says, 'The propriety of this practice has also been considered when women have during pregnancy suffered more than common degrees of irritation, and especially when the stomach is in such a state that it cannot bear nourishment of any kind, or in any quantity, and the patients are thereby reduced to a state of dangerous weakness. Presuming that these symptoms are purely in consequence of pregnancy, it may, perhaps, be justifiable to bring on premature labor.' Fortified by experience, we can now not only assert the 'propriety' of this operation, but give abundant evidence of its success. Dr. Ashwell states, 'If, notwithstanding every remedy, the vomiting goes on to debilitate the patient, she may be reduced to a state of extreme danger ; in these circumstances, *after consultation*, we think it very justifiable to induce premature labor.'"

The details of *transfusion*, not merely as given in this book, but by all recent writers, do not appear to warrant any more expectation of success in uterine hemorrhage, from whatever cause arising, than would arise if the patient were let alone ; in fact Collins acknowledges, that in one case it proved injurious. Does not *constipation* arise too often in the earlier months of pregnancy, to come to be looked upon as the effect of pressure merely ? and in this we think our author has done wisely to take the medium course, and while in some cases it may arise from this cause, in others it must arise from "an altered state of vitality in the intestines" (*Imbert*), and by him it is so distributed.

Passing over many and important chapters, we come to the latter portion of the book, which treats of the diseases of child-bed ; and embraces, among the rest, a most important chapter upon puerperal fever, with both the opinions of a host of writers, and such data, some of them very minute, as are to be met with relative to the various epidemics, probably the most elaborate chapter in the book. In that upon vesicovaginal fistula, we have the case recorded by Dr. Hayward (American

Journal of Medical Sciences, August, 1839) of a cure by suture. More recently there has appeared in the same Journal an interesting case of cure in the same complaint by the seton, performed by Dr. Barton, of Philadelphia, to which I shall only refer the reader, as also to another article, entitled "Case of Metritis with Epilepsy, in which separation and expulsion of a great part of the vagina and of the neck of the uterus, followed by recovery, took place, by Dr. Antonio Loughi;" and likewise to one in the Boston Medical and Surgical Journal, Vol. XXII., p. 154, by Prof. J. P. Mettauer, of Virginia. Laceration of the perineum is of much more frequent occurrence on the Continent than in England or this country, or else their statistics are prepared with a greater regard to truth than to their own credit; and we are convinced that this result will be less likely to ensue, where the directions laid down by Hamilton for its support during labor are followed, than from any awkward attempts to follow the directions of other accoucheurs; they are so distinct and to the point, that I will give them in full. "From the time that the head of the infant clears the os uteri, the practitioner is to remain by the patient, and whenever the pressure upon the external parts begins, he is to make counter-pressure every pain, by applying the right hand, without the interposition of a cloth, in such a manner as to support any part which is more than another upon the stretch. In the intervals between the pains he is to apply fine lard to the perineum and labia, in proportion to the heat or rigidity of those parts." "As the orifice of the vagina opens, and a little more of the infant's head than the swelled scalp is pressed through the orifice during the pain, he is so to arrange the thumb and fingers of his right hand on each side of the vulva, as to secure due support to those parts, while with the palm of his hand he is to press *forward the perineum towards the pubes*. If the head be large, and the parts yielding slowly, he is enabled, by this mode of applying the thumb and fingers, to retard the progress of the infant's head, as well as to support the parts with which it is forced into contact." The importance of the subject is my only excuse for the length of the extract, and if it only receive the attention it deserves, my aim is fulfilled, for the accident we are considering is more frequently the result of inattention than any unfortunate rigidity of the external organs. Nine cases treated by Prof. Dieffenbach are given in the Medical Intelligencer for May 1838, in which he relied upon the suture, and in all but one he was successful.

In the chapter of puerperal mania, speaking of the causes, "it was formerly attributed," writes our author, "to the suppression of the lochia, or to metastasis of the milk." In this connection I will transcribe somewhat from an unpublished translation of a work by Meckel, upon the terminations of the veins and lymphatics in the ducts, more as a matter of curiosity than from any practical benefit it may give, and close this already too long article.

"Often have I heard the old women and empirics say, without the least foundation, that in their opinion the return of the milk into the blood was the cause of nearly all the diseases infecting women after child-birth; and which any one skilled in the art may easily recognize, as the

effects and sequels of an inflammatory fever originating after parturition, or of cold, or errors in diet. Hence they ascribe rheumatisms, arthritic pains, ulcers in internal parts from inflammation, and many other destructive diseases, both of this kind and of the digestive apparatus, arising in pregnancy or in parturition from the impeded circulation of the blood and stagnation, or compression of the parts, as also from errors of diet and regimen, to the return of the milk into the blood, and its dispersal in the body of parturients. I have heard with astonishment physicians even declare, that diseases, arising from an acrid lymph diffusing a sour liquid through the skin in women three and four years after parturition, were caused by this retroversion of the milk into the blood. The distinctive appellation brought to us from France, 'un lait rependu,' has rendered this singular opinion, so contrary to nature, quite interesting to females and their physicians. But this form of speech implies a physiological error, for nothing is more natural or necessary than that the milk should return from the mammary tubes into the blood; to which end and purpose nature has furnished the mammae with such an abundance of venous vessels, that the superfluity of milk in the mammary tubes might be taken up by them from the lacteals, and carried into the veins, through which the mass of venous blood returns, and again be received into the circulation, being changed like the chyle into blood. Therefore the absorption of this bland liquid is by no means injurious, but on the contrary quite natural, and most useful to the body, if the blood previously brought to the mammae did not labor under acrimony, and the milk with all the humors of the body were not defiled by addition of serum. In which case it would be manifestly improper to accuse the regurgitation of the milk into the blood, as the cause of the diseased constitution, and bad state of the humors, when the blood itself is the prime cause of all the evil, and by no means the milk; as if a liquor secreted in the mammae could by its return prove injurious to the blood."

The library of no physician or student is complete without these two volumes.

J. F. W. L.

#### REPORT OF CASES IN THE ORTHOPEDIC INFIRMARY.

[Communicated for the Boston Medical and Surgical Journal.]

*To the Consulting Surgeons and Physicians of the Orthopedic Infirmary of the City of Boston.*

GENTLEMEN,—The Orthopedic Infirmary of this city, judging from circumstances, has been regularly increasing in the public estimation, from its very commencement. It now gives flattering omens of soon ranking among our most useful and humane institutions. One hundred and fifty-three patients have made application at this Infirmary within the two last years, all of whom were suffering from spinal distortion, club-feet, or other deformities of the limbs. I have divided, during this time, one hundred and one tendons for the cure of club-feet and contracted limbs. In no case has any troublesome symptom supervened. This tends to confirm M. Guerin's theory of sub-cutaneous wounds. I have now a

very considerable number of patients waiting to be operated upon. Twenty-nine cases of spinal distortion, and twenty-eight cases of club-feet and other deformities of the limbs, are now under the direction of this Institution. I am in hopes, at some future period, to be able to report to you more fully, than I now can, the results which have attended the mode of treatment I have adopted. The result of many cases might now be reported, but a sufficient time has not yet elapsed, to state positively the result of many others. Deformities of long standing, as you well know, require a long time for cure. My means of treatment have been surgical and mechanical. Whenever mechanical means alone were thought adequate to effect a cure, they have been adopted, provided there was any reasonable hope that less suffering would be experienced by my patients. In some cases, I must say, in yielding to the solicitation of my patients and their friends, I have regretted it, and had subsequently, in consonance with their full convictions, to add surgical to mechanical treatment to effect a cure.

From time immemorial, no age or generation has been exempt from pretenders to cure spinal distortions, club-feet, &c., by mechanical means alone. These pretenders have mostly consisted of machinists, who knew little or nothing of anatomy or physiology. Medical men have too much overlooked these complaints, until within a very short period—either thinking them incurable, or considering them as not coming within their province for treatment; they have quite generally recommended their patients to machine makers, who applied such apparatus as their fancy, stupidity or cupidity might suggest. The treatment of these deviations, forms of itself a distinct branch of the profession, as much as dentistry; and ought to be practised exclusively. It would be better for the medical profession and for the public at large, if the duties of the profession were more divided and sub-divided; for the same reason that the mechanic arts are brought to a higher degree of perfection, in proportion as the distinct branches of them are made the exclusive object of attention by individuals. It is natural to suppose that an individual who gives his exclusive attention to any one subject, will make greater progress in it than one who devotes his attention promiscuously to a variety of subjects.

The correction of congenital or accidental deformities of the human body requires a combined knowledge of anatomy, physiology, and the mechanic arts. Mechanism alone will seldom cure any formidable personal deformity, without the aid of surgery. Surgery alone will seldom do it, without the aid of mechanism—bandages and apparatus must usually be applied after all surgical operations. The treatment of club-feet is emphatically surgical and mechanical, and it is so understood by surgeons of the present day, and the discovery of the true principles of treating this very formidable complaint has been reserved to the present generation, and to within a very short period. It is not my intention to give a history of the treatment for the cure of club-feet. I have done that concisely elsewhere. My principal object in making this hasty communication, is to show that club-feet of long standing, and such as Dr. Mutter terms of the third degree, cannot be cured by any mechani-

cal process whatever; and if they could, it would be infinitely more painful than curing them by a surgical operation (which is almost bloodless, and gives scarcely more pain than the scratch of a pin) and the subsequent application of suitable mechanical apparatus combined. I do not pretend to say that deformed feet have not been brought into normal shape by mechanical means. I have cured many cases myself by these means alone; but they were slight cases, cases of the first degree, and in young subjects, and I fully believe that some of them might have been cured with less pain by the division of a tendon. We must be governed in some measure by the idiosyncrasies of our patients, or those of their relatives and friends. We cannot always do what we actually think for the best, but we must do what we think for the best under existing circumstances. In some of these cases, I certainly should have divided a tendon, could I have convinced my patient or its parents that it was the least painful process. It is hard to convince people that the cutting of a tendon gives no more pain than the cutting of a fingernail; and that the only pain attending a surgical operation for the cure of club-feet, consists in puncturing the skin, which is not so great as what they frequently suffer and think little of, from the longitudinal scratch of a pin—certainly not half so great as a common bleeding.

A patient was brought to this Infirmary, a lad five years old, with double varus of the third degree. He had been tortured by wearing a quack apparatus almost from birth. He was at the Infirmary about eight weeks. When he returned home, his mother stated to me that during the time he wore the quack apparatus (which was almost five years) he suffered more each day, than all he had suffered while in the Infirmary.

A little girl was brought to the Infirmary with double varus of the second degree. She had been under the surveillance of a highly respectable physician from birth. This gentleman was a friend and relative, and took great interest in his little patient. He watched the case with great care, and applied a variety of mechanical means for restoring the feet to a normal state. These he kept constantly applied from birth. At length he brought the child to the Infirmary, and placed her at my entire disposal—saying (apparently with some degree of pleasure, and I certainly was gratified by the observation) that he had witnessed my success in a sufficient number of instances to satisfy himself that his little patient could not be cured except by a surgical operation, and the subsequent application of my mechanical apparatus. I divided two tendons, I think, in one foot, and one in the other, and applied my usual apparatus. She walked fairly on the soles of her feet in four weeks, and on the fifth she left the Infirmary. Patients have usually been represented by authors as cured, when they could walk plumb on the soles of their feet, and this may be strictly true so far as the feet are concerned. The feet may be rendered perfectly straight, and still they will incline inward unless the obliquity of the whole limb is corrected. In all cases of club-foot—I think I may say all—certainly in all that have been much walked on, there is a twist of the whole limb—not only are the tibia and fibula twisted upon each other, but the thigh is inclined inward; the

articulation at the hip is probably in most instances abnormal. The head of the thigh bone and the acetabulum, I presume, have not that perfect symmetry which is found in a limb, no part of which has ever deviated from a normal state. The gravitation of the foot being turned at right angles with the leg, would alone be sufficient to produce an obliquity of the whole limb, from the diarthrodial articulation of the hip downwards. In curing club-feet, therefore, we have not only to bring the foot into a natural shape, but have the obliquity of the whole limb to contend with—not only its muscular, but its osseous structure. The muscles, if I may be allowed so to speak, must be taught a new action. This can only be done by mechanism, scientifically and judiciously applied, and adapted to each particular case.

I might bring forward many other cases, besides the two above mentioned, that have been admitted into the Infirmary—all of which would tend to show how very much less painful is the surgical and mechanical treatment of club-feet, than merely mechanical treatment alone—how much more effectual, and how inert mechanical treatment alone, has been, even in the hands and under the direction of judicious surgeons. One other case, which occurs to me at this moment, I will take the liberty to state. A child, two years old, was admitted into the Infirmary with varus of the third degree. This child had been treated mechanically from its birth for the purpose of correcting the deformity under which it labored. I divided the tendo-Achillis in both feet, put on my usual apparatus, and in four weeks, as I see by my note-book, he went home, and could walk on the soles of his feet. Of course he was not allowed to walk much—I merely saw that he could walk. The heels came down, and he could tread plumb on the floor. His father wrote to me four weeks afterwards that his child was constantly on its feet from morning till night, and could walk as well as his neighbors' children.

So much for attempting to cure club-feet by mechanical means alone.

Another case still occurs to my mind, where mechanical means had for a long time been employed for the cure of club-foot. I will give it in a concise form, as I fear I shall otherwise trespass too much upon your pages. A clergyman, from the State of New York, entered his son as a patient in the Infirmary. He was a beautiful boy, of about five years. His case was varus of the third degree. He walked entirely on the outer ankle. He had been kept in the stocks from birth. His father had spared no pains or expense for apparatus to cure his son. The poor little fellow had been tortured from birth with one apparatus after another. His father brought him to the Infirmary to be cured. In about four weeks he walked on the sole of his foot. His leg and foot are not yet in a normal state. He is now under treatment, and will be in the course of time entirely cured.

But time is required, and very considerable time, for the cure of bad cases of club-foot. Bone is to be dealt with and absorbed. The superabundance of osseous matter on the outside of the foot, in cases of varus, must be taken up by absorbents, and carried to the inside of the foot, where there is a deficiency. This is a process of nature, and requires time. I say a process of nature, and so it is; but nature, in this

case, must be aided by art, or the work will not be accomplished. A constant pressure (not painful) must be kept up, so directed as to make a bearing upon the external surface of the tarsal bones. Where two living surfaces are made to press forcibly on each other, absorption takes place. We see this in the decay of human teeth. The pressure of one tooth upon another always produces decay; that is, absorption. In cases of club-foot, nature, an unerring engineer, carries the superabundance of ossific matter from the outside of the foot where it is not wanted, to the inside where it is wanted. In other words, the tarsal bones and the astragalus, which are in all cases of *varus* (the most common kind of club-foot) too thick on the outside and too thin on the inside, are brought into a state of equilibrium, by a process of nature aided by art. Art ought to imitate nature. Art is but nature better understood. Why are the tarsal bones thicker on the outside and thinner on the inside, in cases of *varus*? It is owing to the pressure produced on the inside of the bones, by contracted muscles. Remove the contraction by dividing the tendons of these muscles, and then reverse the order of things, by making, by mechanical means, in imitation of nature, a pressure on the outside of the tarsal bones, until absorption is produced in a sufficient degree. How long or how short a time will be required to effect this, will depend on the nature of the case, and the degree of deformity. Time, however, is required. The public and the medical profession (I mean those who have not duly considered the subject) expect too sudden and too rapid a change in the cure of club-feet. The cure of club-feet is a process of nature aided by art. No miracle is performed by curing physical deformity, although a few years ago the restoration from deformity to symmetry, which is now produced, would almost have been considered as such. Who would have believed, ten years ago, that we could go to Liverpool in 12½ days by steam?

I have merely introduced this case in connection with others to show that mechanical treatment cannot be depended upon for the cure of club-feet. The father of this boy is a literary and scientific man. He had taken pains to procure the best mechanical apparatus for the cure of his son, and had kept it constantly applied from birth. Still there was very little mitigation of the deformity, until he was brought to the Infirmary.

I have now at the Infirmary two cases which deserve a passing notice. I shall probably, at some future time, give a more particular account of them. One is a girl of scrofulous habit, of 14; both feet were turned inward to a right angle with the leg, and supinated—the soles being turned upwards; both legs were contracted to a right angle with the thighs. I divided the tendo-Achillis of both feet. This gave relief not only to the feet, but partially so to the legs. I applied a graduated apparatus to the legs, in hopes of extending them by mechanical means, warm baths, &c. All would not do. I then divided the semi-membranosus and semi-tendinosus and biceps flexor cruris, and applied the mechanical apparatus, by which I could graduate the extension to the hundredth part of an inch. This is an instrument of my own construction, as is also the foot apparatus I make use of for the cure of club-feet. The legs of this miss are now perfectly straight, the feet almost

so—she is able to stand erect without aid. This shows how important surgical operations are to the improvement of contracted limbs, of which club-feet forms one species.

I have another case under my care similar to the above—a young lady, 24 years old, beautiful and accomplished. She has never placed her feet upon the ground from birth, but has managed most adroitly to go on crutches. It is rather interesting to see her perform her locomotions. She has a pair of crutches, which take under the arms with pegs in the centre, which make a firm hold for her hands. She manages with these to move about the house, and even to go in the street, in a manner which to me is wonderful. Her feet do not come within a foot of the ground. When this young lady came under my care, the knees were contracted, so that the legs formed more than a right angle with the thighs. The feet were at right angles with the legs, being turned in and supinated. The lower extremities were short in comparison with the trunk and upper extremities, but plump and well cased in adipose substance. The lower legs had a blue varicose appearance, which has disappeared. I divided the semi-tendinosus and membranosus in both legs, and the tendo-Achillis in both feet twice. The internal hamstrings were divided about four weeks ago. The legs have come out very well. The feet give me some trouble, but I have no doubt of ultimate success. Time will show the result. In the mean time I remain your obedient and obliged servant,

J. B. BROWN.

November, 1840.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 25, 1840.

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### OPERATION FOR STRABISMUS.

DR. MAURAN, of Providence, R. I., operated for squinting with perfect success on the 16th inst. The patient was a young lady. This is the first time the operation has been attempted in that city or State. No instruments besides a pair of scissors and a curved probe were used. An assistant merely separated the lids with his fingers.—No surgeons will surpass those of the United States in adroitness, in these cases, as soon as they have had a little more experience.

*Dr. Morton's Collection of Skulls.*—In the catalogue of skulls of man, and the inferior animals, in the collection of S. G. Morton, M.D., of Philadelphia, we have been struck with the rarity of some of them, their antiquity, and their importance to the science of anatomy and phrenology. Dr. Morton is a man of industry—economical of time, and a large contributor to the stock of human knowledge. His cabinet embraces the enormous number of 929 human skulls, besides an immense number of skulls of quadrupeds, birds, fishes and reptiles. Not exactly understanding the numerical arrangement in the margin of the printed table, we are unable to

particularize. That it is a magnificent cabinet for any individual to possess, in a country as new as this in science, will not be questioned; and that it is of incalculable value to the antiquarian and the learned generally, will be acceded everywhere. At present, the whole are deposited in the museum of the Academy of Natural Sciences in Philadelphia.

*Phrenological Classification.*—A report of the phrenological classification of J. Stanley Grimes, by E. N. Horsford, adopted by the Albany Phrenological Society, Sept. 3d, in the form of a neat pamphlet, extremely well written, is circulating amongst the new school of philosophers. The report evinces thought and pretty extensive reading. After going over the whole ground traversed by Pythagoras, Bacon, Des Cartes, Reid, Brown, Kames, Lock, the millstone is finally let down upon the heads of Gall and Spurzheim. It not being legitimately the province of a medical journal to keep the world clear of scientific monstrosities, the Philadelphia gentlemen who manage the Phrenological Journal will doubtless look after the report. The discovery is made that Mr. Grimes's Classification is founded in nature—and that is enough. After a further analysis of the report, another observation or two may possibly be made in relation to it.

*Connecticut Medical School.*—In the catalogue, recently received, we notice that fifty-two medical students had been matriculated when the list was published. Probably many more have entered the school before this. The course of instruction and the facilities for anatomical knowledge are excellent.

*Berkshire Medical Institution.*—The annual commencement took place on Wednesday, Nov. 4. The exercises consisted of the reading and defending of their theses by the candidates; a discourse by President Hopkins, of Williams College; conferring of the degrees, and an address to the graduates by the President of the Institution, Dr. Childs.

Dr. Childs noticed in an appropriate manner the afflictive dispensation of Divine Providence, in the removal, by death, of Mr. W. S. Holmes, a student of the Institution, and Dr. David Palmer, Professor of Chemistry and *Materia Medica*. He spoke of the character of Professor Palmer as a man distinguished for his literary and scientific attainments, a useful and highly respected practitioner, and an exemplary Christian.

There were twenty graduates.—The following gentlemen received the honorary degree of Doctor of Medicine:—Drs. W. W. Reed, Rochester, N. Y.; J. B. Cowles, Middletown, N. Y.; J. R. Gay, Montville, Ct.; J. Powers, Woodstock, Vt.

*Gross's Pathological Anatomy.*—Mr. James B. Dow, publisher, Washington street, has this excellent work entirely to himself, and those who are not the owners of a copy will recollect that it is now to be had at his store. It is almost indispensable to those attending medical lectures. The plates of some of the last bound volumes are exceedingly beautiful.

*Locations for Practice.*—Letters relating to places offered for sale, and those of applicants wishing to find locations for entering into immediate

practice, have accumulated so fast at this office, that were we to attempt answering them all, pro and con, between both parties, there would scarcely be time for transacting any other business. We invite all who are interested to call at the office and examine the list of places and applicants.

**Vexatious Postage.**—**MR. EDITOR.**—Your last No. of the Journal notices a new series of the American Journal of Medical Sciences about to be issued. How did you ascertain the fact? Did the publishers send a prospectus charged at letter postage? One was sent to me, and although it was gratifying enough to be informed of the circumstance, I do nevertheless protest against the imposition. Publishers sending out their circulars ought to pay the postage, as they are to receive the benefit. C.

**Medical Society of Tennessee.**—This Society at its meeting in May offered a premium of \$50 for the best Essay on *Bilious Fever*, to be submitted under the following circumstances:—

"Dissertations on this subject must be transmitted, post-paid, to Samuel Hogg, M.D., Nashville, Tennessee, on or before the 1st Monday in March, 1841.

"Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be endorsed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

"All unsuccessful dissertations are deposited with the Corresponding Secretary of the Society, from whom they may be obtained if called for within one year after they have been received."

The committee appointed to read the dissertations and award the prize, consists of Drs. Felix Robertson, Thomas R. Jennings, and J. H. Atkinson, of Nashville.—*Western Jour. of Med. and Surg.*

**ERRATA.**—In Dr. Paine's Reply, p. 221, 33d line from top, for *illusion* read *allusion*; p. 235, line 17, place a mark of quotation after "*dedicated*"; p. 237, line 20, for *physiological* read *pathological*; p. 238, in the note, for 1824 read 1834.

**Number of deaths in Boston for the week ending Nov. 21, 31.**—Males, 18—females, 13. Stillborn, 3. Of consumption, 4—scarlet fever, 2—typhus fever, 4—croup, 1—infantile, 3—old age, 2—intemperance, 2—croup, 1—disease of the brain, 1—hooping cough, 1—dropsy, 1—lung fever, 2—burns, 1—tumor, 1—delirium tremens, 1—dropsy on the brain, 1—diarrhea, 1.

#### PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unequalled approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50.

References may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.  
Nov. 25.—2w&lamém.

A. F. BARTLETT,  
Agent for JOHN R. CHAPIN, M.D.

#### A PHYSICIAN.

WHO has been in practice twelve years, located in one of the most flourishing villages in New England, having a good share of practice, wishes to dispose of one half of his buildings (which are new and particularly designed for two families), to a physician with whom he wishes to be associated in business. None need apply without good recommendations. To such a one a great bargain will be given, and immediate possession. One who has had some years' practice would be preferred. Address the editor; if by letter, post-paid.

Nov. 25.—

## TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarize them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Diseases. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,  
EDWARD REYNOLDS,  
D. HUMPHREYS STORER,  
OLIVER W. HOLMES.

Boston, June 24, 1840.

epimscptm

## DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

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October 23d, 1840.

O. 20—lamtMscptO

## SURGICAL INSTRUMENTS,

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DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 104 Washington street, physicians may be readily accommodated.

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The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. G. Bartlett, Kingston; L. Bartlett, Haverhill; F. F. Pitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

## PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,  
GEORGE W. OTIS, JR.

Boston, August 13, 1840.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office.

June 19

BORROWED BOOKS.—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 26.—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAFF, JR., at 104 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$5.00 a year in advance, \$5.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

*Wheeler* 216